

APPENDIX B
SITE INSPECTION REPORT

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Re-Solve, Inc. Site Inspection – June 4, 2003
Five-Year Review, WA# 130-FRFE-0118

Attendees:

James Saylor – Weston Solutions, O&M Contractor
Mike Worthy – ENSR, RP Contractor
Mike O'Reilly – Town of Dartmouth, Environmental Affairs Coordinator
Phoebe Call – TtNUS, EPA Contractor, Project Manager
Steve Vetere – TtNUS, EPA Contractor, Project Engineer

The site inspection was completed on June 4, 2003. TtNUS arrived at the site about 9:10 to overcast skies with light drizzle. J. Saylor provided a health and safety briefing. TtNUS confirmed that current health and safety plan, applicable MSDS', current O&M manual, and updated maintenance logs are located on site and are readily available.

J. Saylor provided TtNUS with a brief demonstration of the computer system that is used to monitor the treatment system. He noted that the computer system functions extremely well, the only shortcoming being inaccurate influent flow measurements taken from individual extraction wells. J. Saylor has developed a system adequate to monitor influent flowrates that involves attaching a hose to individual sampling ports at the influent manifold and measuring the mass (and converting it to volume) flow rate per unit time. Total system flowrate can be accurately measured automatically using flow meters located downstream of the extraction well manifold.

TtNUS inquired about alarmed events. The last alarmed event occurred on May 17, 2003, due to a loss of electricity originating from off-site. The loss of electricity was detected and the mechanisms in place to notify the plant operator worked successfully. The plant was back online in 1.5 hours. TtNUS reviewed the activity log for this series of events. J. Saylor stated that the vast majority of alarmed events throughout the history of the plant have come as a result of electricity outages originating from off site, and not from a malfunction of treatment plant components.

TtNUS requested data for filter cake and air emissions. Air emissions data were not readily available, but sampling is done routinely in accordance with the process monitoring program. J. Saylor noted that the next sampling was coming up soon. J. Saylor did have recent data for the filter cake – 13 mg/kg PCB, Aroclor 1242 only. The cake is typically in this range and is thus transported off-site in drums for disposal as non-hazardous, non-TSCA waste.

Changes to improve the operation of the GWTP were noted: changed from cationic polymers initially to now use anionic. Also now add aluminum chlorhydrate to improve the flocculation and solids settling.

M. Worthy provided O&M cost data for Year 5 (ending April 2003) in response to a TtNUS request.

TtNUS conducted a site walkover to observe the progress of the wetland restoration in the north and east of the Site. Surface water levels in the wetland areas and in the unnamed tributaries were relatively high. Erosion controls that were placed on the bank adjacent to the wetlands were intact and appear to be functioning properly. J. Saylor noted that wildlife seems to have

become more abundant in and around the wetlands and TtNUS noted considerable bird activity within the former waste management area.

TtNUS left the Site about 11:00 and visited the Dartmouth Town Hall.

Visit to Dartmouth Town Hall

Spoke briefly with Town Planner, Donald Perry, who was familiar with the Site but suggested that we speak with Michael Gagne, Town Administrator, or the Town Treasurer regarding the property's tax status.

Reviewed town zoning, flood hazard, open space, etc. maps and confirmed the following:

1. The Re-Solve Site remains within an Aquifer Protection Area 3.
2. The area around the Site remains zoned as SRB – single residence B.
3. The area along the Copicut River is a Flood Hazard Zone A.

Met with Michael Gagne, Town Administrator. He was quite familiar with the Site. The property taxes for the Site are in arrears and while he would like to have the property taken off the tax rolls as a receivable, he has no interest in the Town taking the property for back taxes. He stated the town has no interest, use, or plans for the property. We inquired about the community interest level in the Site. While he commented that during the source control operations, interest and concerns were high, the Site is no longer an issue with the public. He did comment about public concerns with boating in Cornell Pond. The public understand the fish advisories, but many of the signs and postings have disappeared. Mr. Gagne thought it would be beneficial if new signs were posted around the Pond and/or via the Sportsmen's club.

Michael O'Reilly provided TtNUS with printouts of zoning, aquifer, wetland, flood hazard, and other maps of the area around the Re-Solve Site. TtNUS confirmed that there are no rare and endangered species that have been mapped around the vicinity of the Site.

At the Assessor's Office TtNUS personnel located the property on Tax Map 71, Parcel 30. The owner of record is listed as Re-Solve, Inc.

The Town Clerk confirmed that the Zoning By-Laws available on the town website reflect current definitions of zoning classifications and aquifer districts.

Visit to Bristol County Registry of Deeds

TtNUS visited the Bristol County Registry of Deeds in New Bedford and confirmed that the Restriction Agreement (Book 3512, page 98) and revised Easement with the Reeds (Book 4146, page 274) are recorded in the county deeds.

Visit to Southworth Library, Dartmouth

TtNUS visited the Southworth Library in Dartmouth. The reference librarian directed us to the Re-Solve documents. The documents on the shelves included the entire 9/23/87 Administrative Record, many source control documents, the RI, FS and other late 1980s, and early 1990s

documents. There were no MOM documents on the shelves. The librarian stated that he'd last received a document from EPA about 1.5 years ago and indicated that there were other documents that had been received but were not on the shelves.

**ReSolve Site Inspection
Photographic Record**



Photo No: 1

Date: June 4, 2003

Comments: Treatment building looking east



Photo No: 2

Date: June 4, 2003

Comments: Packed tower air stripper

**ReSolve Site Inspection
Photographic Record**



Photo No: 3

Date: June 4, 2003

Comments: Filter cake.
Just collected from the
filter press.



Photo No: 4

Date: June 4, 2003

Comments: Filter press
in foreground, clarifier
(blue) in background.

**ReSolve Site Inspection
Photographic Record**



Photo No: 5

Date: June 4, 2003

Comments: North wetland. Note ponded water.



Photo No: 6

Date: June 4, 2003

Comments: From Algonquin Pipeline ROW looking into East wetland. Unnamed tributary in foreground.

**ReSolve Site Inspection
Photographic Record**



Photo No: 7

Date: June 4, 2003

Comments: DNAPL
well point enclosure



Photo No: 8

Date: June 4, 2003

Comments: Enclosure
for RW-4 outside of
perimeter fence line.
Facing south.

**ReSolve Site Inspection
Photographic Record**



Photo No: 9

Date: June 4, 2003

Comments: RW8 – note cable lock around electrical box. Algonquin Pipeline in background beyond fence line.



Photo No: 10

Date: June 4, 2003

Comments: BFP pilot study area (located on upland area west of the GWTP building) – note willow saplings

Please note that "O&M" is referred to throughout this checklist. At sites where Long-Term Response Actions are in progress, O&M activities may be referred to as "system operations" since these sites are not considered to be in the O&M phase while being remediated under the Superfund program.

Five-Year Review Site Inspection Checklist

("N/A" refers to "not applicable")

I. SITE INFORMATION																	
Site name: ReSolve Inc.			Date of inspection: June 4, 2003														
Location and Region: N. Dartmouth, MA/Region I			EPA ID: MAD980520621														
Agency, office, or company leading the five-year review: EPA/TtNUS			Weather/temperature: overcast with light drizzle, approximately 60° F														
Remedy Includes: (Check all that apply) <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Landfill cover/containment</td> <td><input type="checkbox"/> Monitored natural attenuation</td> </tr> <tr> <td><input checked="" type="checkbox"/> Access controls</td> <td><input checked="" type="checkbox"/> Groundwater containment</td> </tr> <tr> <td><input checked="" type="checkbox"/> Institutional controls</td> <td><input type="checkbox"/> Vertical barrier walls</td> </tr> <tr> <td><input checked="" type="checkbox"/> Groundwater pump and treatment</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Surface water collection and treatment</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> <td></td> </tr> </table>						<input type="checkbox"/> Landfill cover/containment	<input type="checkbox"/> Monitored natural attenuation	<input checked="" type="checkbox"/> Access controls	<input checked="" type="checkbox"/> Groundwater containment	<input checked="" type="checkbox"/> Institutional controls	<input type="checkbox"/> Vertical barrier walls	<input checked="" type="checkbox"/> Groundwater pump and treatment		<input type="checkbox"/> Surface water collection and treatment		<input type="checkbox"/> Other _____	
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<input checked="" type="checkbox"/> Groundwater pump and treatment																	
<input type="checkbox"/> Surface water collection and treatment																	
<input type="checkbox"/> Other _____																	
Attachments: <input type="checkbox"/> Inspection team roster attached <input type="checkbox"/> Site map attached																	
II. INTERVIEWS (Check all that apply)																	
1. O&M site manager		James Saylor															
		Name		Title													
Interviewed <input checked="" type="checkbox"/> at site		<input type="checkbox"/> at office		<input type="checkbox"/> by phone													
Problems, suggestions;		<input type="checkbox"/> Report attached		Phone no. _____													
				Date <u>6/4/03</u>													
2. O&M staff _____																	
		Name		Title													
Interviewed <input type="checkbox"/> at site		<input type="checkbox"/> at office		<input type="checkbox"/> by phone													
Problems, suggestions;		<input type="checkbox"/> Report attached		Phone no. _____													
				Date _____													

3. **Local regulatory authorities and response agencies** (i.e., State and Tribal offices, emergency response office, police department, office of public health or environmental health, zoning office, recorder of deeds, or other city and county offices, etc.) Fill in all that apply.

Agency _____
Contact _____

Name	Title	Date	Phone no.
Problems; suggestions; <input type="checkbox"/> Report attached			

Agency _____
Contact _____

Name	Title	Date	Phone no.
Problems; suggestions; <input type="checkbox"/> Report attached _____			

Agency _____
Contact _____

Name	Title	Date	Phone no.
Problems; suggestions; <input type="checkbox"/> Report attached _____			

Agency _____
Contact _____

Name	Title	Date	Phone no.
Problems; suggestions; <input type="checkbox"/> Report attached _____			

4. **Other interviews** (optional) ☐ Report attached.

III. ON-SITE DOCUMENTS & RECORDS VERIFIED (Check all that apply)				
1.	O&M Documents <input checked="" type="checkbox"/> O&M manual <input type="checkbox"/> As-built drawings <input checked="" type="checkbox"/> Maintenance logs Remarks _____	<input checked="" type="checkbox"/> Readily available <input type="checkbox"/> Readily available <input checked="" type="checkbox"/> Readily available	<input checked="" type="checkbox"/> Up to date <input type="checkbox"/> Up to date <input checked="" type="checkbox"/> Up to date	<input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/A
2.	Site-Specific Health and Safety Plan <input type="checkbox"/> Contingency plan/emergency response plan Remarks <u>MSDS sheets on site</u>	<input checked="" type="checkbox"/> Readily available <input checked="" type="checkbox"/> Readily available	<input checked="" type="checkbox"/> Up to date <input checked="" type="checkbox"/> Up to date	<input type="checkbox"/> N/A <input type="checkbox"/> N/A
3.	O&M and OSHA Training Records Remarks <u>on line</u>	<input checked="" type="checkbox"/> Readily available	<input checked="" type="checkbox"/> Up to date	<input type="checkbox"/> N/A
4.	Permits and Service Agreements <input type="checkbox"/> Air discharge permit <input type="checkbox"/> Effluent discharge <input type="checkbox"/> Waste disposal, POTW <input type="checkbox"/> Other permits _____ Remarks _____	<input type="checkbox"/> Readily available <input type="checkbox"/> Readily available <input type="checkbox"/> Readily available <input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date <input type="checkbox"/> Up to date <input type="checkbox"/> Up to date <input type="checkbox"/> Up to date	<input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/A <input type="checkbox"/> N/A
5.	Gas Generation Records Remarks _____	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date	<input checked="" type="checkbox"/> N/A
6.	Settlement Monument Records Remarks _____	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date	<input checked="" type="checkbox"/> N/A
7.	Groundwater Monitoring Records Remarks <u>DOCUMENTED IN YEARLY OPERATIONS REPORTS</u>	<input checked="" type="checkbox"/> Readily available	<input checked="" type="checkbox"/> Up to date	<input type="checkbox"/> N/A
8.	Leachate Extraction Records Remarks _____	<input type="checkbox"/> Readily available	<input type="checkbox"/> Up to date	<input checked="" type="checkbox"/> N/A
9.	Discharge Compliance Records <input type="checkbox"/> Air <input checked="" type="checkbox"/> Water (effluent) Remarks _____	<input type="checkbox"/> Readily available <input checked="" type="checkbox"/> Readily available	<input type="checkbox"/> Up to date <input checked="" type="checkbox"/> Up to date	<input type="checkbox"/> N/A <input type="checkbox"/> N/A
10.	Daily Access/Security Logs Remarks _____	<input checked="" type="checkbox"/> Readily available	<input checked="" type="checkbox"/> Up to date	<input type="checkbox"/> N/A

IV. O&M COSTS																																																																																																							
1.	O&M Organization <input type="checkbox"/> State in-house <input type="checkbox"/> Contractor for State <input type="checkbox"/> PRP in-house <input checked="" type="checkbox"/> Contractor for PRP <input type="checkbox"/> Federal Facility in-house <input type="checkbox"/> Contractor for Federal Facility <input type="checkbox"/> Other _____																																																																																																						
2.	O&M Cost Records <input checked="" type="checkbox"/> Readily available <input checked="" type="checkbox"/> Up to date <input checked="" type="checkbox"/> Funding mechanism/agreement in place Original O&M cost estimate <u>SEE REPORT</u> <input type="checkbox"/> Breakdown attached <div style="text-align: center;">Total annual cost by year for review period if available</div> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">From _____</td> <td style="width: 10%;">To _____</td> <td style="width: 20%;"></td> <td style="width: 20%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td style="text-align: center;">Date</td> <td style="text-align: center;">Date</td> <td></td> <td style="text-align: center;">Total cost</td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Breakdown attached</td> <td></td> </tr> <tr> <td>From _____</td> <td>To _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Breakdown attached</td> <td></td> </tr> <tr> <td style="text-align: center;">Date</td> <td style="text-align: center;">Date</td> <td></td> <td style="text-align: center;">Total cost</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>From _____</td> <td>To _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Breakdown attached</td> <td></td> </tr> <tr> <td style="text-align: center;">Date</td> <td style="text-align: center;">Date</td> <td></td> <td style="text-align: center;">Total cost</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>From _____</td> <td>To _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Breakdown attached</td> <td></td> </tr> <tr> <td style="text-align: center;">Date</td> <td style="text-align: center;">Date</td> <td></td> <td style="text-align: center;">Total cost</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>From _____</td> <td>To _____</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td><input type="checkbox"/> Breakdown attached</td> <td></td> </tr> <tr> <td style="text-align: center;">Date</td> <td style="text-align: center;">Date</td> <td></td> <td style="text-align: center;">Total cost</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>			From _____	To _____									Date	Date		Total cost					<input type="checkbox"/> Breakdown attached		From _____	To _____							<input type="checkbox"/> Breakdown attached		Date	Date		Total cost							From _____	To _____							<input type="checkbox"/> Breakdown attached		Date	Date		Total cost							From _____	To _____							<input type="checkbox"/> Breakdown attached		Date	Date		Total cost							From _____	To _____							<input type="checkbox"/> Breakdown attached		Date	Date		Total cost						
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3.	Unanticipated or Unusually High O&M Costs During Review Period Describe costs and reasons: <u>SEE REPORT</u> _____ _____ _____ _____ _____																																																																																																						
V. ACCESS AND INSTITUTIONAL CONTROLS <input type="checkbox"/> Applicable <input type="checkbox"/> N/A																																																																																																							
A. Fencing																																																																																																							
1.	Fencing damaged <input type="checkbox"/> Location shown on site map <input checked="" type="checkbox"/> Gates secured <input type="checkbox"/> N/A Remarks <u>GOOD CONDITION, BARBED WIRE INTACT</u> _____ _____																																																																																																						
B. Other Access Restrictions																																																																																																							
1.	Signs and other security measures <input type="checkbox"/> Location shown on site map <input type="checkbox"/> N/A Remarks <u>MANY SIGNS POSTED, EASILY VISIBLE</u> _____ _____																																																																																																						

C. Institutional Controls (ICs)			
1.	Implementation and enforcement Site conditions imply ICs not properly implemented Site conditions imply ICs not being fully enforced Type of monitoring (e.g., self-reporting, drive by) <u>SECURITY CAMERA, ON-SITE PERSONEL</u> Frequency <u>DAILY - BUSINESS HOURS</u> Responsible party/agency _____ Contact _____	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	
	<div style="display: flex; justify-content: space-around;"> Name Title Date Phone no. </div>		
	Reporting is up-to-date	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Reports are verified by the lead agency	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Specific requirements in deed or decision documents have been met	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Violations have been reported	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
	Other problems or suggestions: <input type="checkbox"/> Report attached		
2.	Adequacy <input checked="" type="checkbox"/> ICs are adequate <input type="checkbox"/> ICs are inadequate <input type="checkbox"/> N/A Remarks _____ _____ _____		
D. General			
1.	Vandalism/trespassing <input type="checkbox"/> Location shown on site map <input checked="" type="checkbox"/> No vandalism evident Remarks <u>NONE REPORTED BY O&M CONTRACTOR</u> _____ _____		
2.	Land use changes on site <input type="checkbox"/> N/A Remarks <u>NONE</u> _____ _____		
3.	Land use changes off site <input type="checkbox"/> N/A Remarks <u>NONE</u> _____ _____		
VI. GENERAL SITE CONDITIONS			
A. Roads <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> N/A			
1.	Roads damaged <input type="checkbox"/> Location shown on site map <input checked="" type="checkbox"/> Roads adequate <input type="checkbox"/> N/A Remarks _____ _____		

B. Other Site Conditions	
Remarks	<u>SITE IN GOOD CONDITION. EROSION CONTROLS</u> <u>NEAR WETLANDS APPEAR EFFECTIVE.</u>
VII. LANDFILL COVERS <input type="checkbox"/> Applicable <input checked="" type="checkbox"/> N/A	
VIII. VERTICAL BARRIER WALLS <input type="checkbox"/> Applicable <input checked="" type="checkbox"/> N/A	
IX. GROUNDWATER/SURFACE WATER REMEDIES <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> N/A	
A. Groundwater Extraction Wells, Pumps, and Pipelines <input checked="" type="checkbox"/> Applicable <input type="checkbox"/> N/A	
1.	Pumps, Wellhead Plumbing, and Electrical <input checked="" type="checkbox"/> Good condition <input checked="" type="checkbox"/> All required wells properly operating <input type="checkbox"/> Needs Maintenance <input type="checkbox"/> N/A Remarks <u>MONITORED CONTINUALLY BY O&M CONTRACTOR;</u> <u>EXTRACTION WELLS LOCKED AND ALARMED</u>
2.	Extraction System Pipelines, Valves, Valve Boxes, and Other Appurtenances <input checked="" type="checkbox"/> Good condition <input type="checkbox"/> Needs Maintenance Remarks <u>MONITORED CONTINUALLY BY O&M CONTRACTOR</u>
3.	Spare Parts and Equipment <input checked="" type="checkbox"/> Readily available <input checked="" type="checkbox"/> Good condition <input type="checkbox"/> Requires upgrade <input type="checkbox"/> Needs to be provided Remarks <u>INSIDE TREATMENT BUILDING</u>
B. Surface Water Collection Structures, Pumps, and Pipelines <input type="checkbox"/> Applicable <input checked="" type="checkbox"/> N/A	
1.	Collection Structures, Pumps, and Electrical <input type="checkbox"/> Good condition <input type="checkbox"/> Needs Maintenance Remarks _____
2.	Surface Water Collection System Pipelines, Valves, Valve Boxes, and Other Appurtenances <input type="checkbox"/> Good condition <input type="checkbox"/> Needs Maintenance Remarks _____
3.	Spare Parts and Equipment <input type="checkbox"/> Readily available <input type="checkbox"/> Good condition <input type="checkbox"/> Requires upgrade <input type="checkbox"/> Needs to be provided Remarks _____

C. Treatment System		<input checked="" type="checkbox"/> Applicable	<input type="checkbox"/> N/A
1.	Treatment Train (Check components that apply) <input checked="" type="checkbox"/> Metals removal <input type="checkbox"/> Oil/water separation <input type="checkbox"/> Bioremediation <input checked="" type="checkbox"/> Air stripping <input checked="" type="checkbox"/> Carbon adsorbers <input type="checkbox"/> Filters <input checked="" type="checkbox"/> Additive (e.g., chelation agent, flocculent) <u>ANIONIC POLYMER</u> <input checked="" type="checkbox"/> Others <u>CATALYTIC OXIDATION (PROPANE)</u> <input checked="" type="checkbox"/> Good condition <input type="checkbox"/> Needs Maintenance <input checked="" type="checkbox"/> Sampling ports properly marked and functional <input checked="" type="checkbox"/> Sampling/maintenance log displayed and up to date <input checked="" type="checkbox"/> Equipment properly identified <input type="checkbox"/> Quantity of groundwater treated annually _____ <input type="checkbox"/> Quantity of surface water treated annually _____ Remarks _____ _____		
2.	Electrical Enclosures and Panels (properly rated and functional) <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Good condition <input type="checkbox"/> Needs Maintenance Remarks _____ _____		
3.	Tanks, Vaults, Storage Vessels <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Good condition <input type="checkbox"/> Proper secondary containment <input type="checkbox"/> Needs Maintenance Remarks _____ _____		
4.	Discharge Structure and Appurtenances <input type="checkbox"/> N/A <input type="checkbox"/> Good condition <input type="checkbox"/> Needs Maintenance Remarks <u>NOT ABLE TO OBSERVE - HIGH WATER LEVELS IN EAST WETLAND. NONE REPORTED.</u> _____		
5.	Treatment Building(s) <input type="checkbox"/> N/A <input checked="" type="checkbox"/> Good condition (esp. roof and doorways) <input type="checkbox"/> Needs repair <input checked="" type="checkbox"/> Chemicals and equipment properly stored Remarks _____ _____		
6.	Monitoring Wells (pump and treatment remedy) <input checked="" type="checkbox"/> Properly secured/locked <input checked="" type="checkbox"/> Functioning <input checked="" type="checkbox"/> Routinely sampled <input checked="" type="checkbox"/> Good condition <input type="checkbox"/> All required wells located <input type="checkbox"/> Needs Maintenance <input type="checkbox"/> N/A Remarks _____ _____		
D. Monitoring Data			
1.	Monitoring Data <input checked="" type="checkbox"/> Is routinely submitted on time <input checked="" type="checkbox"/> Is of acceptable quality		
2.	Monitoring data suggests: <input checked="" type="checkbox"/> Groundwater plume is effectively contained <input checked="" type="checkbox"/> Contaminant concentrations are declining		

D. Monitored Natural Attenuation			
1.	Monitoring Wells (natural attenuation remedy) <input type="checkbox"/> Properly secured/locked <input type="checkbox"/> Functioning <input type="checkbox"/> Routinely sampled <input type="checkbox"/> Good condition <input type="checkbox"/> All required wells located <input type="checkbox"/> Needs Maintenance <input type="checkbox"/> N/A Remarks _____ _____		
X. OTHER REMEDIES			
If there are remedies applied at the site which are not covered above, attach an inspection sheet describing the physical nature and condition of any facility associated with the remedy. An example would be soil vapor extraction.			
XI. OVERALL OBSERVATIONS			
A. Implementation of the Remedy			
Describe issues and observations relating to whether the remedy is effective and functioning as designed. Begin with a brief statement of what the remedy is to accomplish (i.e., to contain contaminant plume, minimize infiltration and gas emission, etc.). <u>SEE REPORT</u> _____ _____ _____ _____ _____ _____ _____ _____ _____			
B. Adequacy of O&M			
Describe issues and observations related to the implementation and scope of O&M procedures. In particular, discuss their relationship to the current and long-term protectiveness of the remedy. <u>SEE REPORT</u> _____ _____ _____ _____ _____ _____ _____ _____ _____			

C.	Early Indicators of Potential Remedy Problems
<p>Describe issues and observations such as unexpected changes in the cost or scope of O&M or a high frequency of unscheduled repairs, that suggest that the protectiveness of the remedy may be compromised in the future.</p> <p><u>SEE REPORT</u></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	
D.	Opportunities for Optimization
<p>Describe possible opportunities for optimization in monitoring tasks or the operation of the remedy.</p> <p><u>SEE REPORT</u></p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	